

# DRAFT - Pending OMB Approval

|                                       |                                                                                                 |                          |
|---------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|
| <b>PHA Five-Year and Annual Plans</b> | <b>U.S. Department of Housing and Urban Development<br/>Office of Public and Indian Housing</b> | <b>OMB No. 2577-0226</b> |
|---------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 as amended, which introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the Five-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                             |                                      |                                     |                    |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|--------------------------------------|-------------------------------------|--------------------|
| <b>1.0</b> | <b>PHA Information</b><br>PHA Name: _____<br>PHA Code: _____ PHA Fiscal Year Beginning: (MM/YYYY): _____                                                                                                                                                                                                                                                                                                                             |                         |                                             |                                      |                                     |                    |
| <b>2.0</b> | <b>Inventory</b> (Based on ACC units at time of FY beginning in 1.0 above.)<br><input type="checkbox"/> Public Housing and Housing Choice Vouchers <input type="checkbox"/> Public Housing ONLY <input type="checkbox"/> HCV ONLY<br>Number of PH units: _____ Number of HCV units: _____                                                                                                                                            |                         |                                             |                                      |                                     |                    |
| <b>3.0</b> | <b>Submission Type</b><br><input type="checkbox"/> Annual Plan and Five-Year Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> Five-Year Plan Only                                                                                                                                                                                                                                                             |                         |                                             |                                      |                                     |                    |
| <b>4.0</b> | <b>PHA Consortia</b> <input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a joint Plan and complete table below.)                                                                                                                                                                                                                                                                                                 |                         |                                             |                                      |                                     |                    |
|            | <b>Participating PHAs</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>PHA Code</b>         | <b>Program(s) Included in the Consortia</b> | <b>Programs Not in the Consortia</b> | <b>No. of Units in Each Program</b> |                    |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                             |                                      | <b>PH</b>                           | <b>HCV</b>         |
|            | PHA 1:                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                             |                                      |                                     |                    |
|            | PHA 2:                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                             |                                      |                                     |                    |
|            | PHA 3:                                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                             |                                      |                                     |                    |
| <b>5.0</b> | <b>Five-Year Plan.</b> Complete this section only at Five-Year update or if there has been a revision from the previous submission.                                                                                                                                                                                                                                                                                                  |                         |                                             |                                      |                                     |                    |
| <b>5.1</b> | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low income, and extremely low families in the PHA's jurisdiction:                                                                                                                                                                                                                                                                                  |                         |                                             |                                      |                                     |                    |
| <b>5.2</b> | <b>Goals and Objectives.</b> Identify the PHA's goals, objectives, policies, or programs that will enable the PHA to serve the needs of low-income and very low-income families, including a statement relative to child and adult victims of domestic violence, dating violence, sexual assault, or stalking, and the progress the PHA has made in meeting the goals and objectives described in the PHA's previous Five-Year Plan. |                         |                                             |                                      |                                     |                    |
| <b>6.0</b> | <b>PHA Plan Update and Availability for Public Access.</b> Complete this section only at the Annual Year update or if there has been a revision from the previous submission. Indicate where the public can obtain a copy of the most recent policies and/or plans and check (✓) if they have been revised since submission of the last annual plan:                                                                                 |                         |                                             |                                      |                                     |                    |
|            | <b>Policies or Plans</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Check if revised</b> | <b>Location of Policy or Plan</b>           |                                      |                                     |                    |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | Main office of the PHA                      | PHA development management offices   | Public Library                      | Website      Other |
|            | a) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures                                                                                                                                                                                                                                                                                                                                |                         |                                             |                                      |                                     |                    |
|            | b) Financial Resources                                                                                                                                                                                                                                                                                                                                                                                                               |                         |                                             |                                      |                                     |                    |
|            | c) Rent Determination                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                             |                                      |                                     |                    |
|            | d) Operation and Management                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                             |                                      |                                     |                    |
|            | e) Grievance Procedures                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                             |                                      |                                     |                    |
|            | f) Designated Housing for Elderly and Disabled Families                                                                                                                                                                                                                                                                                                                                                                              |                         |                                             |                                      |                                     |                    |

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------|--------|---------|---------------|------|----------|
|     | g) Community Service and Self Sufficiency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |               |        |         |               |      |          |
|     | h) Domestic Violence, Dating Violence, Sexual Assault, or Stalking                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |               |        |         |               |      |          |
|     | i) Safety and Crime Prevention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |        |         |               |      |          |
|     | j) Pets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |               |        |         |               |      |          |
|     | k) Annual Audit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |               |        |         |               |      |          |
|     | l) Civil Rights Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |               |        |         |               |      |          |
|     | m) Asset Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |               |        |         |               |      |          |
| 7.0 | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.                                                                                                                                                                                                                                                                                                    |         |               |        |         |               |      |          |
| 8.0 | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.4, as applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |               |        |         |               |      |          |
| 8.1 | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> Annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> for each current and open CFP grant and CFFP financing.                                                                                                                                                                                                                                                                                     |         |               |        |         |               |      |          |
| 8.2 | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , and subsequent annual updates (on a rolling basis e.g., drop current year and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.                                                                                                                                                            |         |               |        |         |               |      |          |
| 8.3 | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.                                                                                                                                                                                                                                                                                           |         |               |        |         |               |      |          |
| 8.4 | <b>For PHAs receiving CFP grants, the following forms <u>must be mailed</u> directly to your local HUD Field Office:</b><br><input checked="" type="checkbox"/> Form HUD-50070, Certification for a Drug-Free Workplace<br><input checked="" type="checkbox"/> Form HUD-50071, Certification of Payments to Influence Federal Transactions<br><input checked="" type="checkbox"/> Form SF-LLL, Disclosure of Lobbying Activities<br><input checked="" type="checkbox"/> Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet |         |               |        |         |               |      |          |
| 9.0 | <b>Housing Needs.</b> Include a statement of how the PHA plans to address the housing needs of the low-income and very low income families who reside in the jurisdiction serviced by the PHA, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists.                                                                                                                                                                                                                                        |         |               |        |         |               |      |          |
| 9.1 | <b>Housing Needs of Families in the Jurisdiction Served by the PHA.</b> Provide a statement of the housing needs in the jurisdiction and complete and maintain the following table, <i>Housing Needs of Families in the Jurisdiction by Family Type</i> .                                                                                                                                                                                                                                                                                   |         |               |        |         |               |      |          |
|     | Family Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Overall | Affordability | Supply | Quality | Accessibility | Size | Location |
|     | Income <= 30% of AMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |               |        |         |               |      |          |
|     | Income >30% but <=50% of AMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |               |        |         |               |      |          |
|     | Income >50% but <80% of AMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |               |        |         |               |      |          |
|     | Elderly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |               |        |         |               |      |          |
|     | Families with Disabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |               |        |         |               |      |          |
|     | Race/Ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |        |         |               |      |          |
|     | Race/Ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |        |         |               |      |          |
|     | Race/Ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |        |         |               |      |          |
|     | Race/Ethnicity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |               |        |         |               |      |          |
| 9.2 | <b>Strategy for Addressing Housing Needs.</b> Describe the PHA's strategy for addressing the housing needs.                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |               |        |         |               |      |          |

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| 9.3                                                   | <b>Housing Needs of Families on the Waiting List.</b> Complete and maintain the following table, <i>Housing Needs of Families on the Waiting List</i> , for each type of PHA-wide waiting list administered by the PHA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|---------------------|-----------------|--------------------|--|--|--|--------------------------------|--|--|--|--------------------------------------|--|--|--|--------------------------------|--|--|--|------------------------|--|--|--|------------------|--|--|--|----------------------------|--|--|--|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|-------------------------------------------------------|--|--|--|-----|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|-------|--|--|--|
|                                                       | Waiting list type: (select one)<br><br><input type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) (If used, identify which development/sub-jurisdiction)<br><table border="1" data-bbox="235 378 1518 745"> <thead> <tr> <th></th><th># of families</th><th>% of total families</th><th>Annual Turnover</th></tr> </thead> <tbody> <tr><td>Waiting list total</td><td></td><td></td><td></td></tr> <tr><td>Extremely low income &lt;=30% AMI</td><td></td><td></td><td></td></tr> <tr><td>Very low income (&gt;30% but &lt;=50% AMI)</td><td></td><td></td><td></td></tr> <tr><td>Low income (&gt;50% but &lt;80% AMI)</td><td></td><td></td><td></td></tr> <tr><td>Families with children</td><td></td><td></td><td></td></tr> <tr><td>Elderly families</td><td></td><td></td><td></td></tr> <tr><td>Families with Disabilities</td><td></td><td></td><td></td></tr> <tr><td>Race/ethnicity</td><td></td><td></td><td></td></tr> <tr><td>Race/ethnicity</td><td></td><td></td><td></td></tr> <tr><td>Race/ethnicity</td><td></td><td></td><td></td></tr> <tr><td>Race/ethnicity</td><td></td><td></td><td></td></tr> </tbody> </table><br><table border="1" data-bbox="235 766 1518 976"> <thead> <tr> <th>Characteristics by Bedroom Size (Public Housing Only)</th><th></th><th></th><th></th></tr> </thead> <tbody> <tr><td>1BR</td><td></td><td></td><td></td></tr> <tr><td>2 BR</td><td></td><td></td><td></td></tr> <tr><td>3 BR</td><td></td><td></td><td></td></tr> <tr><td>4 BR</td><td></td><td></td><td></td></tr> <tr><td>5 BR</td><td></td><td></td><td></td></tr> <tr><td>5+ BR</td><td></td><td></td><td></td></tr> </tbody> </table><br>Is the waiting list closed (select one)? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><b>IF YES: HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b><br>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |                     | # of families   | % of total families | Annual Turnover | Waiting list total |  |  |  | Extremely low income <=30% AMI |  |  |  | Very low income (>30% but <=50% AMI) |  |  |  | Low income (>50% but <80% AMI) |  |  |  | Families with children |  |  |  | Elderly families |  |  |  | Families with Disabilities |  |  |  | Race/ethnicity |  |  |  | Race/ethnicity |  |  |  | Race/ethnicity |  |  |  | Race/ethnicity |  |  |  | Characteristics by Bedroom Size (Public Housing Only) |  |  |  | 1BR |  |  |  | 2 BR |  |  |  | 3 BR |  |  |  | 4 BR |  |  |  | 5 BR |  |  |  | 5+ BR |  |  |  |
|                                                       | # of families                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | % of total families | Annual Turnover |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Waiting list total                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Extremely low income <=30% AMI                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Very low income (>30% but <=50% AMI)                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Low income (>50% but <80% AMI)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Families with children                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Elderly families                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Families with Disabilities                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Race/ethnicity                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Race/ethnicity                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Race/ethnicity                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Race/ethnicity                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| Characteristics by Bedroom Size (Public Housing Only) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 1BR                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 2 BR                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 3 BR                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 4 BR                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 5 BR                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 5+ BR                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 10.0                                                  | <b>Additional Information</b> , as required by HUD.<br>All PHAs must include a brief statement of the PHA's progress in meeting the mission and goals described in the Five-Year Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 11.0                                                  | <b>Required <u>Electronic</u> Submission for HUD Field Office Review.</b><br>In addition to the PHA Plan items above that are to be submitted electronically, PHA's shall submit the following documents electronically to HUD as an attachment to the plan for HUD review, as applicable.<br><br><input checked="" type="checkbox"/> Form HUD-50070, <i>Certification for a Drug-Free Workplace</i><br><input checked="" type="checkbox"/> Form HUD-50075.1, <i>Capital Fund Program Annual Statement/performance and Evaluation Report</i><br><input checked="" type="checkbox"/> Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i><br><input type="checkbox"/> Any significant amendments or modifications<br><input type="checkbox"/> Challenged Elements, please specify _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |
| 12.0                                                  | <b>Required <u>Mail</u> Submission for HUD Field Office Review.</b><br>In addition to any items listed in Parts 8.4, the PHA shall mail the following directly to the local Field Office:<br><br><input checked="" type="checkbox"/> HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                 |                     |                 |                    |  |  |  |                                |  |  |  |                                      |  |  |  |                                |  |  |  |                        |  |  |  |                  |  |  |  |                            |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                |  |  |  |                                                       |  |  |  |     |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |       |  |  |  |

# DRAFT - Pending OMB Approval

## Applicability.

This form is used by all Public Housing Agencies (PHAs) to submit their Five-Year Plan and Annual Plan in accordance with 24 CFR Part 903.

## 1.0 PHA Information

Include the full PHA name, PHA code, and PHA Fiscal Year Beginning (MM/YYYY).

## 2.0 Inventory

Under each program, enter the number of Public Housing (PH) and Section 8 units (HCV), PH only units, and HCV only units.

## 3.0 Submission Type

Indicate whether this submission is for an Annual Plan and Five Year Plan Update, Annual Plan Update only, or Five-Year Update only.

## 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

## 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6).

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income and very low-income families in the jurisdiction of the public housing agency during the years covered under the plan.

**5.2 Goals and Objectives.** A description of any goals, objectives, policies, or programs in place to serve the needs of low income and very low-income families including victims of domestic violence, dating violence, sexual assault, or stalking.

## 6.0 PHA Plan Update and Availability for Public Access

Section 5A of the United States Housing Act of 1937, as amended by the Quality Housing and Work Responsibility Act of 1998 (42 U.S.C 1437c-1(i)(5)), requires approved plans be made available to the general public. Further, the following records must be readily accessible to HUD's FHEO when requested. Please indicate if the policies have changed since the submission of the last annual plan and check where the following plan documents and supporting materials can be obtained:

- (a) **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** A statement of the admissions policy for deconcentration of lower-income families and policies governing eligibility, selection, admissions (including any preferences), assignment, and occupancy of families with respect to public housing and Housing Choice Vouchers (HCVs) including) the procedures for maintaining waiting lists for admissions to public housing projects of the agency, which may include a system of site-based waiting lists. **Note:** This statement must be submitted to the extent deconcentration has changed and must be consistent with all applicable civil rights and fair housing laws and regulations.
- (b) **Financial Resources.** A statement of financial resources including a listing by general categories, of the PHA's anticipated resources, such as PHA operating, capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned used for the resources
- (c) **Rent Determination.** A statement of the policies of the public housing agency governing rents charged for public housing and HCV dwelling units.

- (d) **Operation and Management.** A statement of the rules, standards, and policies of the public housing agency governing maintenance and management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the public housing agency and programs of the public housing agency.
- (e) **Grievance Procedures.** This is a statement of the grievance procedures of the public housing agency.
- (f) **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
- (g) **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the public housing agency for the enhancement of the economic and social self-sufficiency of assisted families; **(3)** How the public housing agency will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements.
- (h) **Domestic Violence, Dating Violence, Sexual Assault, or Stalking Programs.** A description of: **(1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **(2)** Any activities, services, or programs provided or offered by a public housing agency that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **(3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.
- (i) **Safety and Crime Prevention.** A plan established by the public housing agency, which shall be subject to the following requirements:
  - 1. Safety measures.** The plan shall provide, on a project-by-project or jurisdiction-wide basis, for measures to ensure the safety of public housing residents.
  - 2. Establishment.** The plan shall be established in consultation with the police officer or officers in command for the appropriate precinct or police department.
  - 3. Content.** The plan shall describe the need for measures to ensure the safety of public housing residents and for crime prevention measures, describe any such activities conducted or to be conducted by the agency, and provide for coordination between the agency and the appropriate police precincts for carrying out such measures and activities.
- (j) **Pets.** The requirements of the agency, relating to pet ownership in public housing.
- (k) **Annual Audit.** The results of the most recent fiscal year audit for the public housing agency.
- (l) **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those

# DRAFT - Pending OMB Approval

programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

- (m) **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

## 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development. (1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **(2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the public housing agency: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.

- (c) **Conversion of Public Housing.** With respect to public housing owned by a public housing agency: **(1)** A description of any building or buildings (including project number and unit count) that the public housing agency is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **(2)** An analysis of the projects or buildings required to be converted; and **(3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the public housing agency has applied or will apply for approval.

- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

- 8.0 Capital Improvements.** With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects and completion of the appropriate forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

- 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- (a) At the end of the program year; until the program is completed or all funds are expended;
- (b) When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- (c) Upon completion or termination of the activities funded in a specific capital fund program year.

## 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

- 8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to serve the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

## 8.4 PHAs receiving Capital Fund Program (CFP) Grants

PHAs receiving CFP Grants shall mail the following forms directly to the local field office:

- (a) Form HUD-50070, *Certification for a Drug-Free Workplace*
- (b) Form HUD-50071, *Certification of Payments to Influence Federal Transactions*
- (c) Form SF-LLL, *Disclosure of Lobbying Activities*
- (d) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet*

- 9.0 Housing Needs.** A statement of the housing needs of low-income and very low-income families residing in the jurisdiction served by the public housing agency, and of other low-income and very low-income families on the waiting list of the agency (including housing needs of):
  - (a) extremely low families;
  - (b) elderly families and disabled families, and

# DRAFT - Pending OMB Approval

(c) households of various races and ethnic groups).

## 9.1 Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing and maintaining the *Housing Needs of Families in the Jurisdiction by Family Type* table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment

## 9.2 Strategy for Addressing Housing Needs

PHAs must provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year, and the agency's reasons for choosing its strategy.

## 9.3 Housing Needs of Families on the Waiting List

PHAs must also make reasonable efforts to identify the housing needs of the families on the PHA's waiting lists. Complete and maintain with their PHA plans the *Housing Needs of Families on the Waiting List* table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

## 10.0 Additional Information

For all Annual Plans following submission of the first Annual Plan, PHAs must include the following information:

- (a) A brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan
- (b) The basic criteria the PHA will use for determining: (1) A substantial deviation from its 5-Year Plan and (2) A significant amendment or modification to its 5-Year Plan and annual Plan; and
- (c) Information as HUD may request of PHAs, either on an individual or across-the-board basis. HUD will advise the PHA or PHAs of this additional information through advance notice.

## 11.0 Required Electronic Submissions for HUD Field Office Review

PHAs shall electronically attach these items to its Five-Year and/or Annual PHA Plan in an email to their local Field Office Director:

- (a) HUD-50070, *Certification for a Drug-Free Workplace*
- (b) Form HUD-50075.1, *Capital Fund Program Annual Form Statement/Performance and Evaluation Report*
- (c) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan*
- (d) Any significant amendments or modifications
- (e) Any challenged element of the PHA's Annual Plan

## 12.0 Required Manual Submissions for HUD Field Office Review

In addition any items listed in Parts 8.4, the PHA shall transmit the form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* to the local HUD field office.